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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/712,702 11/13/2000 PAT 6,638,232
 which is a CON of 09/035,476 03/05/1998 PAT 6,148,228

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/20/2003

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	DRAWING 8	CLAIMS 2	CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____	CA			

ADDRESS

30265
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TITLE

System and method for detecting and locating heart disease

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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